

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/586 430

1062  
7.19.06

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM CALCULATION SHEET (FOR USE WITH FORM PTO-875)						FEE	SERIAL NO.	FILING DATE					
							10 / 586 430	2062 7.19.06					
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMEN		AFTER 2 <sup>nd</sup> AMENDMEN			AS FILED		AFTER 1 <sup>st</sup> AMENDMEN		AFTER 2 <sup>nd</sup> AMENDMEN	
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TOTAL IND.		↔	3	↓		↓		↓		↓		↓	
TOTAL DEP.		←	85	←		←		←		←		←	
TOTAL CLAIMS			88										